

Exhibit “A”

Agency Case Number GP220017771		Agency NCIC Number GA0670200		GEORGIA MOTOR VEHICLE CRASH REPORT				County GWINNETT			Date Rec. by GDOT								
Estimated Crash Date 02/23/2022		Dispatch Date 02/23/2022		Arrival Date 02/23/2022		Arrival Time 19:15		Vehicles 3	Injuries 1	Fatalities 0	Inside City Of								
Road of Occurrence I-85 NB At Its Intersection With LAWRENCEVILLE SUWANEE RD												<input type="checkbox"/> Corrected Report							
Not At Its Intersection But _____		<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet	<input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West	Of _____								<input type="checkbox"/> Sup To Original						
Latitude (Y) (Format) 34.025813 00.00000		Longitude (X) (Format) -84.0532203 -00.00000												<input type="checkbox"/> Hit and Run					
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME VAZEMILLER			FIRST VICTOR		MIDDLE		Unit # 2	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME KOWSKI			FIRST RESI		MIDDLE ANNELIE	
	<input checked="" type="checkbox"/> Susp At Fault			Address 1310 SETTLES RD							<input checked="" type="checkbox"/> Susp At Fault			Address 315 PARIS DR NW					
City SUWANEE		State GA		Zip 30024		DOB 09/21/1971		City LAWRENCEVILLE		State GA		Zip 30043		DOB 08/06/1969					
Driver's License No. XYY031		Class CP		State GA		Country US		Driver's License No. 064694950		Class C		State GA		Country US					
Insurance Co. PROGRESSIVE MOUN		Policy No. 06520551		Telephone No. (770) 231-5694				Insurance Co. LIBERTY MUTUAL		Policy No. AOS25812395340		Telephone No. (404) 402-6325							
Year 2018		Make General Motors Corp.		Model 4WD				Year 2020		Make Honda		Model Civic (and CRX)							
VIN 1GT12TEY6JF269908		Vehicle Color White						VIN SHHFK7H81LU205399		Vehicle Color Silver									
Tag # XYY031		State GA		County FORSYTH		Year 2022		Tag # CNG9311		State GA		County GWINNETT		Year 2022					
Trailer Tag #		State		County		Year		Trailer Tag #		State		County		Year					
<input type="checkbox"/> Same as Driver		Owner's Last Name VAZEMILLER		First VICTOR		Middle		<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name KOWSKI		First RESI		Middle ANNELIE					
Address 1310 SETTLES RD								Address 315 PARIS DR											
City SUWANEE		State GA		Zip 30024				City LAWRENCEVILLE		State GA		Zip 30043							
Removed By: WILLARDS								Removed By: <input type="checkbox"/> Request <input checked="" type="checkbox"/> List											
Alco Test: No	Type:	Results:	Drug Test: No	Type:	Results:	Alco Test: No	Type:	Results:	Drug Test: No	Type:	Results:	Alco Test: No	Type:	Results:	Alco Test: No	Type:	Results:		
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1				First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1							
Operator Contributing Factors: 3						Operator Contributing Factors: 1													
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 10				Vehicle Contributing Factors: 1				Roadway Contributing Factors: 10									
Direction of Travel: 1		Vehicle Maneuver: 5		Non-Motor Maneuver:				Direction of Travel: 1		Vehicle Maneuver: 5		Non-Motor Maneuver:							
Vehicle Class: 1		Vehicle Type: 2		Vision Obscured: 1				Vehicle Class: 1		Vehicle Type: 1		Vision Obscured: 1							
Number of Occupants: 1		Area of Initial Contact: 12		Damage to Veh: 4				Number of Occupants: 1		Area of Initial Contact: 6		Damage to Veh: 3							
Traffic-Way Flow: 3		Road Comp: 2		Road Character: 1				Traffic-Way Flow:		Road Comp:		Road Character:							
Number of Lanes: 6		Posted Speed: 70		Work Zone: 0				Number of Lanes:		Posted Speed:		Work Zone:							
Traffic Control: 1		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Control:		Device Inoperative: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Citation Information: Citation # PE0043966 O.C.G.A. § 40-6-49(a)								Citation Information: Citation # _____ O.C.G.A. § _____											
Citation # _____ O.C.G.A. § _____								Citation # _____ O.C.G.A. § _____											
Citation # _____ O.C.G.A. § _____								Citation # _____ O.C.G.A. § _____											
COMMERCIAL MOTOR VEHICLES ONLY																			
Carrier Name:								Carrier Name:											
Address		City		State		Zip		Address		City		State		Zip					
U.S. D.O.T. #		No. of Axles		G.V.W.R.				U.S. D.O.T. #				No. of Axles		G.V.W.R.					
Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
C.D.L.?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. Suspended?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L.?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. Suspended?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Vehicle Placarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Haz Mat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								Haz Mat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If YES: Name or four Digit Number from Diamond or Box: _____								If YES: Name or four Digit Number from Diamond or Box: _____											
One Digit Number from Bottom of Diamond: _____								One Digit Number from Bottom of Diamond: _____											
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units								<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units											

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Not At Its Intersection But _____		<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet	<input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West	Of _____								<input type="checkbox"/> Sup To Original					
Latitude (Y) (Format) 34.025813 00.00000		Longitude (X) (Format) -84.0532203 -00.00000												<input type="checkbox"/> Hit and Run				
Unit # 3	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike			LAST NAME CHARANIA			FIRST TASLIM		MIDDLE AMIRALI		Unit #	<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike			LAST NAME Address		FIRST MIDDLE	
	<input type="checkbox"/> Susp At Fault			Address 2136 WORRALL HILL DR NW			<input type="checkbox"/> Susp At Fault											
City DULUTH		State GA		Zip 30096		DOB 12/29/1980		City		State		Zip		DOB				
Driver's License No. 053846714		Class C		State GA		Country US		Driver's License No.		Class		State		Country				
Insurance Co. MID CENTURY		Policy No. 192818874		Telephone No. (678) 467-1101				Insurance Co.		Policy No.		Telephone No.						
Year 2011		Make Honda		Model Odyssey (minivan)				Year		Make		Model						
VIN 5FNRL5H95BB077059		Vehicle Color Silver						VIN		Vehicle Color								
Tag # RLX8050		State GA		County GWINNETT		Year 2022		Tag #		State		County		Year				
Trailer Tag #		State		County		Year		Trailer Tag #		State		County		Year				
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name CHARANIA		First TASLIM		Middle AMIRALI		<input type="checkbox"/> Same as Driver		Owner's Last Name		First		Middle				
Address 2136 WORRALL HILL DR								Address										
City DULUTH		State GA		Zip 30096				City		State		Zip						
Removed By: <input type="checkbox"/> Request <input checked="" type="checkbox"/> List								Removed By: <input type="checkbox"/> Request <input type="checkbox"/> List										
Alco Test: No	Type:	Results:	Drug Test: No	Type:	Results:	Alco Test:	Type:	Results:	Drug Test:	Type:	Results:	Alco Test:	Type:	Results:				
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		First Harmful Event:		Most Harmful Event:		Operator/Ped Cond:								
Operator Contributing Factors: 1						Operator Contributing Factors:												
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 10				Vehicle Contributing Factors:		Roadway Contributing Factors:										
Direction of Travel: 1		Vehicle Maneuver: 5		Non-Motor Maneuver:		Direction of Travel:		Vehicle Maneuver:		Non-Motor Maneuver:								
Vehicle Class: 1		Vehicle Type: 1		Vision Obscured: 1		Vehicle Class:		Vehicle Type:		Vision Obscured:								
Number of Occupants: 2		Area of Initial Contact: 6		Damage to Veh: 4		Number of Occupants:		Area of Initial Contact:		Damage to Veh:								
Traffic-Way Flow: 3		Road Comp: 2		Road Character: 1		Traffic-Way Flow:		Road Comp:		Road Character:								
Number of Lanes: 6		Posted Speed: 70		Work Zone: 0		Number of Lanes:		Posted Speed:		Work Zone:								
Traffic Control: 1		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control:		Device Inoperative: <input type="checkbox"/> Yes <input type="checkbox"/> No										
Citation Information:								Citation Information:										
Citation # _____				O.C.G.A. § _____				Citation # _____				O.C.G.A. § _____						
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Citation # _____				O.C.G.A. § _____				Citation # _____				O.C.G.A. § _____						
COMMERCIAL MOTOR VEHICLES ONLY																		
Carrier Name:								Carrier Name:										
Address		City		State		Zip		Address		City		State		Zip				
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #				No. of Axles		G.V.W.R.						
Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No								
C.D.L.?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Vehicle Placarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Haz Mat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If YES: Name or four Digit Number from Diamond or Box: _____								If YES: Name or four Digit Number from Diamond or Box: _____										
One Digit Number from Bottom of Diamond: _____								One Digit Number from Bottom of Diamond: _____										
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units								<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units										

COLLISION FIELDS

Manner of Collision: 3

Location at Area of Impact: 7

Weather: 1

Surface Condition: 1

Light Condition: 4

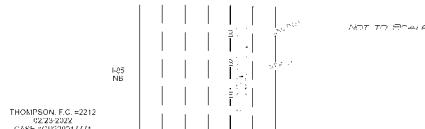
NARRATIVE

D1 SAID HE WAS DRIVING NORTH DOWN I-85 APPROACHING LAWRENCEVILLE-SUWANEE RD EXIT, WHEN A TRACTOR TRAILOR WAS DRIVING AGGRESSIVE BEHIND HIM. HE SAID HE MOVED OVER TO THE RIGHT LANE, AND DID NOT HAVE ENOUGH TIME TO PROPERLY BRAKE, AND REAR ENDED D2'S VEHICLE.

D2 SAID SHE WAS DRIVING STRAIGHT DOWN I-85 NB WHEN SHE WAS REAR ENDED BY D1, WHICH FORCED HER TO HIT D3'S REAR END.

DIAGRAM

INDICATE NORTH



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:

Owner:

WITNESS INFORMATION

Name (Last, First) Address City State Zip Code Telephone Number

OCCUPANT INFORMATION

1	Name (Last, First): VAZEMILLER, VICTOR					Address: 1310 SETTLES RD, SUWANEE, GA 30024				
	Age: 50	Sex: M	Unit # 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for 2 Treatment:
2	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
	Name (Last, First): KOWSKI, RESI					Address: 315 PARIS DR NW, LAWRENCEVILLE, GA 30043				
3	Age: 52	Sex: F	Unit # 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 10	Injury: 3	Taken for 2 Treatment:
	Injured Taken To: NORTHSIDE GWINNETT H		By: MED 20		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
4	Name (Last, First): CHARANIA, TASLIM					Address: 2136 WORRALL HILL DR NW, DULUTH, GA 30096				
	Age: 41	Sex: F	Unit # 3	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for 2 Treatment:
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
	Name (Last, First): CHARANIA, ZAISHA					Address: 315 PARIS DR NW, LAWRENCEVILLE, GA 30043				
	Age: 9	Sex: F	Unit # 3	Position: 6	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

ADMINISTRATIVE

Photos Taken: <input type="checkbox"/> Yes By: <input checked="" type="checkbox"/> No	Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.								
Report By: Thompson, Fabian C	Agency: Gwinnett County Police Dep:	Report Date:	Checked By: Lake, Craig K	Date Checked: 02/24/2022					

SUPPLEMENT
GEORGIA MOTOR VEHICLE CRASH REPORT

Agency Case Number: GP220017771

Estimated Crash Date: 02/23/2022 18:57

Officer Name: Thompson, Fabian C

NARRATIVE CONTINUED

D2 SUSTAINED INJURIES AND WAS TRANSPORTED TO NORTHSIDE GWINNETT HOSPITAL FOR INJURIES.

D3 SAID SHE WAS DRIVING STRAIGHT DOWN I-85 NB APPROACHING THE SUWANEE EXIT, WHEN SHE WAS REAR ENDED BY D2.

D1 WAS GIVEN A CITATION FOR FOLLOWING TOO CLOSE.

ADDITIONAL CITATION INFORMATION

Unit # ____:	Unit # ____:
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____

ADDITIONAL OCCUPANT INFORMATION

Name (Last, First):					Address:				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
Name (Last, First):					Address:				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
Name (Last, First):					Address:				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
Name (Last, First):					Address:				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
Name (Last, First):					Address:				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	